Qeios

Peer Review

Review of: "Evaluation of Ozonized Fibrin-Rich Plasma as a Therapy for Facial Rejuvenation: A Clinical Case Study"

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Your paper has presented a unique way of applying two different beneficiary treatments, injectable fibrin and medical ozone, in treating patients with skin issues such as hyperpigmentation, loss of volume, and elasticity. Their conjoining effect gives a large amount of therapeutic possibilities due to the medical ozone and platelet-rich fibrin (PRF) anti-inflammatory properties, upregulation of growth factors such as vascular endothelial growth factor (VEGF), transforming growth factor beta (TGF-β), and therefore promotion of angiogenesis and tissue regeneration.

In the introduction part of your paper, you have mentioned that PRF is rich in growth factors such as lymphocytes. In this part, it would be recommended to mention which growth factors are crucial in promoting skin repair, such as VEGF (vascular endothelial growth factor), PDGF (platelet-derived growth factor), FGF (fibroblast growth factor), and EGF (epidermal growth factor), and what their specific roles are.

The disadvantages of your methodology are the fact that you had a small sample of participants and that they had a prominent age difference. For future reference, it would be better to have patients who are of similar age and therefore have similar skin problems. The age of the third patient wasn`t reported. In the text, it wasn`t mentioned whether the injection and post-treatment evaluation were performed by the same investigator in all five cases. It would be preferable to mention if the skin evaluation wasn`t performed by the same investigator who did the injections, in order to minimize subjectivity.

According to the review paper by Miron and authors regarding the standardization of relative centrifugal forces in studies related to platelet-rich fibrin, centrifugation parameters should be reported

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in relative centrifugal force, revolutions per minute, time, composition and size of the tubes, rotor angulation, and radius of the rotor at the clot and at the end of the tube.

Regarding your centrifugation protocol, which included the speed of 3300 rpm, it would be more prudent to report the protocol also in g force (RCF - relative centrifugal force). In this way, researchers who would like to use your methodology can use the same protocol you used on a different centrifuge. It would also be preferable to note which type of centrifuge you used, a fixed-angle centrifuge or a horizontal centrifuge. You have mentioned the type of tubes you used and their volume, which is significant in order to replicate your methodology in future papers.

In the abbreviation section, you mentioned that IPRF stands for „ injectable fibrin rich plasma``, which should be corrected to „ injectable platelet rich fibrin``

In general, your paper gave great insight into the possibility of combining and using two different treatments in aesthetic medicine, and I would advise you to continue your research by adding more patients to your study and perhaps adding the proposed changes stated in this review to your methodology.

Kind regards.

Declarations

Potential competing interests: No potential competing interests to declare.